



## NEGATIVE PRESSURE WOUND THERAPY

Service Authorization Required  
CMN Required: Provider/Facility

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: MARCH 2017

### NEGATIVE PRESSURE WOUND THERAPY-NPWT

Negative Pressure Wound Therapy (**NPWT**) is a system that promotes wound healing.

**Indications and limitations of coverage and medical appropriateness:**

NPWT is considered medically necessary when the member meets the following criteria categorized according to: A) Participation in a complete wound care program **and** B) Presence of eligible conditions.

A. Participation in a complete wound care program:

A complete wound care program must have been implemented at least 30 days, counting nursing home, hospital days or in home setting prior to the request of vacuum assisted wound therapy.

The complete wound care program should include **ALL** of the following:

- Start date of wound therapy program, **and**
- Documentation in the member's medical record of presence/adequacy of granulation tissue and wound measurements (length, width, and depth) by a licensed medical professional (LPN, RN, CRNP, or PA-C) weekly and by licensed practitioner (CRNP, NP or PA-C) or physician at least monthly, **and**
- Documentation of application of dressings to maintain a moist environment (or why that is not appropriate), **and**
- Documentation of member's moisture and incontinence, if any, have been appropriately managed by frequent bed changes, skin creams as indicated per physician, indwelling catheter as indicated per physician, **and**
- Documentation of debridement of necrotic tissue if present, **and**
- Documentation that all underlying medical conditions have been stabilized or are under a current management plan including appropriate diet, medications if indicated, elevation of bed if indicated, etc., **and**
- Documentation of relief of pressure on the wound with appropriate support surfaces and positioning/turning.



## NEGATIVE PRESSURE WOUND THERAPY

Service Authorization Required  
CMN Required: Provider/Facility

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: MARCH 2017

### NEGATIVE PRESSURE WOUND THERAPY-NPWT

B. Eligible condition (member must meet **ONE** of the following 1, 2, 3, 4, or 5):

1. **Chronic Stage III or Stage IV pressure ulcer** (see notes below regarding staging system) with documentation of a, b, **and** c:
  - a. The member has been on an appropriate turning and repositioning regimen.
  - b. The member has used an appropriate pressure relief device (e.g. low air loss bed or alternating pressure redistribution mattress) for pressure ulcers on the posterior trunk or pelvis
  - c. The member's moisture and incontinence have been appropriately addressed.
2. **Chronic neuropathic ulcer** (e.g. diabetic) with documentation of a, b, **and** c:
  - a. The member has been on a comprehensive diabetic management program including diet and medications (if indicated).
  - b. The member has had appropriate foot care including podiatry or orthopedic or general surgery consultation if ulcer is on the foot.
  - c. The member has been compliant with non-weight bearing instructions when appropriate.
3. **Chronic venous/arterial ulcer** with documentation of the following:
  - a. Compression garments/dressings have been consistently applied if tolerated by the member
  - b. Leg elevation and ambulation have been appropriately encouraged.
4. **Surgically created wound** complications (e.g. dehiscence, post-sternotomy disunion with exposed sternal bone, post-sternotomy mediastinitis, or postoperative disunion of the abdominal wall).
5. **Traumatic wound** (e.g. preoperative flap or graft, exposed bones, tendons, or vessels).



## **NEGATIVE PRESSURE WOUND THERAPY**

Service Authorization Required  
CMN Required: Provider/Facility

### **DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: MARCH 2017

### **NEGATIVE PRESSURE WOUND THERAPY-NPWT**

Staging system typically used for pressure ulcers measures tissue destruction by classifying wounds according to the tissue layers involved. The National Pressure Ulcer Advisory Panel Statement on Reverse Staging of Pressure Ulcers describes the stages as follows (2003):

Stage 1: Pressure ulcer is an observable, pressure-related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following : skin temperature (warmth or coolness), tissue consistency (firm or boggy feel), and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.

Stage 2: Partial-thickness skin loss involves epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.

Stage 3: Full thickness skin loss involves damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

Stage 4: Full thickness skin loss has extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g. tendon, joint capsule). Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers.

#### **Rental Coverage Criteria:**

- Coverage ends when adequate wound healing has occurred to the degree that negative pressure wound therapy (NPWT) may be discontinued.
- Can only prior authorize one (1) month at a time and allowed a maximum of four (4) months rental (rolling months per calendar year).
- Coverage beyond 4 months will be given individual consideration based upon required additional documentation.



## **NEGATIVE PRESSURE WOUND THERAPY**

Service Authorization Required  
CMN Required: Provider/Facility

### **DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: MARCH 2017

### **NEGATIVE PRESSURE WOUND THERAPY-NPWT**

#### **Supplies:**

- A6550- wound care set includes all supplies and accessories are allowed up to 25 units per month.
- A7000- disposable canister allowed up to 10 units per month.

#### **Documentation Requirements:**

- Physician prescription
- Physician's documentation needs to address participation in a complete wound care program in section A **and** the appropriate condition in section B.
- Facility/provider created CMN

#### **Non-covered:**

- Cancer in the wound, necrotic tissue present, fistula present or near the ulcer and any measurable degree of wound healing has failed to occur over the prior month.
- Non-healing wounds or ulcers under any of the following conditions because it is considered not medically necessary (this list may not be all-inclusive):
- Appropriate licensed medical personnel (LPN, RN, NP, or PA-C) are not performing and documenting weekly wound measurement and assessment functions as well as the negative pressure wound therapy dressing changes as required.
- Physician, CRNP, NP or PA-C monthly documentation shows no progression of healing of the wound.
- Physician, CRNP, NP or PA-C are not performing and documenting at least monthly evaluations of the wound.
- Physician, CRNP, NP or PA-C has determined wound healing has occurred to the extent that NPWT is no longer necessary.
- Member is terminal or in hospice care.



## **NEGATIVE PRESSURE WOUND THERAPY**

Service Authorization Required  
CMN Required: Provider/Facility

### **DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION  
CRITERIA/POLICIES

EFFECTIVE: MARCH 2007

REVISED: MARCH 2017

### **NEGATIVE PRESSURE WOUND THERAPY-NPWT**

#### **Non-covered:**

- Uniform granulation tissue has been obtained.
- The wound is infected or has underlying osteomyelitis and is not under medical and/or surgical treatment for the infection.
- Abdominal wound dehiscence with bowel present.
- The member cannot tolerate the use of NPWT.
- Member is non-compliant.

#### **Date Revised**

#### **Revisions**

March 2017

Reformatted and revised by adding definition of wound therapy program for clarification, added definition of surgical created wounds and traumatic wounds, definition of staging of pressure ulcers and clarified scope of practice for physicians/practitioners in wound program and non-covered section.